

## **EMPLOYEE USE OF LEAVE OPTIONS FORM**

The following leave options are available during the seven (7) day waiting period to receive temporary total disability (TTD) benefits for an injured employee that loses time from work as a result of an on-the-job injury that is determined by their employing agency to be compensable.

Check o	one of the options below to elect leave usage fo	r the seven (7) day waiting period.
	workers' compensation leave and begin drawii	during the required seven-day waiting period and then go on ng workers' compensation weekly benefits. n-day waiting period and then began drawing workers'
	In either option above if the injury results in disabili benefit shall be allowed from the date of the disabi	ty of more than 21 days, the workers' compensation weekly lity.
	one of the options below to elect the option to s 7) day waiting period.	supplement workers' compensation payments after the
Note:	All elections involving use of earned sick or vacation	on leave are subject to their availability at the time of the injury.
By signing below, I certify that in the event of any overpayment of wages or workers' compensation benefits, such amounts shall be deducted from future benefits owed or immediately repaid in cash by the employee. This election may only be changed by completing a new form.		
, .	ee Name (print)	Date of Injury
Employe	ee Signature	Date